



**CONTRA COSTA COUNTY
ENVIRONMENTAL HEALTH DIVISION**
2120 DIAMOND BOULEVARD, SUITE 100
CONCORD CA 94520
Phone (925) 608-5500 ehlu@cchealth.org



MONITORING WELL PERMIT APPLICATION

APPLICATION FEE IS NON-REFUNDABLE (SERVICE FEES ARE ADDITIONAL REFER TO FEE SCHEDULE)
ONE APPLICATION PER WELL

TYPE OF WORK:

- | | |
|---|---|
| <input type="checkbox"/> Monitoring Well (65) ID#: _____ | <input type="checkbox"/> Monitoring Well Destruction (68) ID# _____ |
| <input type="checkbox"/> Piezometer w/ Casing (67) ID#: _____ | <input type="checkbox"/> Dewatering Wells (51) # of _____ |
| <input type="checkbox"/> Cathodic Protection Well (49) ID#: _____ | <input type="checkbox"/> Other _____ |

PLEASE PRINT CLEARLY. * REQUIRED FIELD MUST BE COMPLETED

LEGAL OWNER INFORMATION	*Legal Owner:		*Email:		
	*Address:			Phone Number:	
	*City:		State:		Zip code:
	*Billing Address (if different from above):				
SITE INFORMATION	*Name (if different from owner address):				
	*Address (if different from owner address):				
	*Assessor's Parcel Number:				
LICENSED DRILLER INFORMATION					
*Business Name:			*Contact:		*C57 License #:
*Mailing Address:			*Email Address:		
CONSULTANT/ENGINEER INFORMATION					
*Business Name:			*Contact:		
*Mailing Address:			*Email Address:		
*On-site Contact Name:			*On-site Contact Cell #:		
CONSTRUCTION/DESTRUCTION SPECIFICATIONS					
Well Casing Diameter		Casing Material		Gauge	
Annular Seal Depth **		Borehole Diameter		Boring Depth (b.g.s.)	
Annular Seal Thickness		Gravel/Sand packed		Conductor Casing	
Conductor Casing Depth				Proposed Drill Date:	
Type of Material for annular seal/destruction (specify mix or product): <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete <input type="checkbox"/> Cement ** (Bentonite chips for transition seal only)**					
Method of Drilling / Destruction / Other:					
<input type="checkbox"/> VARIANCE REQUIRED – attach Variance form with fee. One form per job. ** Required for water well and monitoring well annular seals that are less than 50 feet and 10 feet below ground surface (b.g.s.), respectively.					
<input type="checkbox"/> PLOT MAP <input type="checkbox"/> HEALTH & SAFETY PLAN <input type="checkbox"/> ENCROACHMENT PERMIT (If in right of way) <input type="checkbox"/> RIGHT OF ACCESS AGREEMENT					

I hereby certify that the above information is true and correct and that the proposed work will comply with all permit conditions and applicable laws and regulations. I agree to obtain all required inspections, maintain a copy of the approved permit at the job site, and obtain written authorization prior to deviating from the approved permit conditions, or placing the well in service. The issuance of this permit by Contra Costa Environmental Health Division does not guarantee a satisfactory and an indefinite operation of any well system.

Signature of C-57 Licensed Driller

Date

FOR OFFICE USE ONLY

FA #:	WP #	PIE: 43	DATE RECEIVED:	REHS:	SUPERVISOR:
AMOUNT DUE: \$	AMOUNT PAID: \$	CHECK #:	<input type="checkbox"/> CASH	<input type="checkbox"/> CREDIT CARD	XR
INITIAL:	DATE APPROVED:	<input type="checkbox"/> CONDITIONS			